

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	379004
<015> Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Gwen Sullivan
<035> Contact Telephone Number: Number of the person identified in data line <030>	4023977770 ext.203
<039> Contact Email Address: Email of the person identified in data line <030>	gsullivan@nttservices.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> ← check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">379004ne510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">379004ne610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 300px;"></div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	379004
<015> Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Gwen Sullivan
<035> Contact Telephone Number - Number of person identified in data line <030>	4023977770 ext.203
<039> Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114> Report how much universal service (USF) support was received	<input type="checkbox"/>
<115> How (USF) was used to improve service quality	<input type="checkbox"/>
<116> How (USF) was used to improve service coverage	<input type="checkbox"/>
<117> How (USF) was used to improve service capacity	<input type="checkbox"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

**(200) Service Outage Reporting (Voice)
Data Collection Form**

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[illegible]

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

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(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com
<810>	Reporting Carrier	Nebraska Technology and Telecommunications, Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | |
|---|--|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
<922> Feasibility and sustainability planning;
<923> Marketing services in a culturally sensitive manner;
<924> Compliance with Rights of way processes
<925> Compliance with Land Use permitting requirements
<926> Compliance with Facilities Siting rules
<927> Compliance with Environmental Review processes
<928> Compliance with Cultural Preservation review processes
<929> Compliance with Tribal Business and Licensing requirements. | <div style="border: 1px solid black; padding: 2px; text-align: center;">Select
(Yes, No,
NA)</div> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> |
|---|--|

Select
(Yes, No,
NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.nttservices.com

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<010> Study Area Code	379004
<015> Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(3014) If yes, does your company file the RUS annual report

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: NEBRASKA TECH. & TELECOMMUNICATIONS, INC.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/18/2014
Printed name of Authorized Officer: Gwen Sullivan	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 4023977770 ext.203	
Study Area Code of Reporting Carrier: 379004	Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

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<039> Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

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<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NE	ALNCNENWRS1		FR	17.5	0.0	1.21	0.5	19.21
NE	ALNCNENWRS1		MS	13.3	0.0	0.92	0.5	14.72
NE	ANWONENWRS1		FR	17.5	0.0	1.21	0.5	19.21
NE	ANWONENWRS1		MS	13.3	0.0	0.92	0.5	14.72
NE	ATLNNENWRS1		FR	17.5	0.0	1.21	0.5	19.21
NE	ATLNNENWRS1		MS	13.3	0.0	0.92	0.5	14.72
NE	ATSNNENWDS0		FR	17.5	0.0	1.21	0.75	19.46
NE	ATSNNENWDS0		MS	13.3	0.0	0.92	0.75	14.97
NE	AXTLNENWRS1		FR	17.5	0.0	1.21	0.75	19.46
NE	AXTLNENWRS1		MS	13.3	0.0	0.92	0.75	14.97
NE	BGSPNENWRS1		FR	17.5	0.0	1.21	1.5	20.21
NE	BGSPNENWRS1		MS	13.3	0.0	0.92	1.5	15.72
NE	BGTNNECORS1		FR	17.5	0.0	1.21	1.3	20.01
NE	BGTNNECORS1		MS	13.3	0.0	0.92	1.3	15.52
NE	BRKBNENWDS0		FR	17.5	0.0	1.21	0.0	18.71
NE	BRKBNENWDS0		MS	13.3	0.0	0.92	0.0	14.22
NE	BRPTNENWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	BRPTNENWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	CAIRNENWRS1		FR	17.5	0.0	1.21	1.5	20.21
NE	CAIRNENWRS1		MS	13.3	0.0	0.92	1.5	15.72
NE	CHDRNENWDS0		FR	17.5	0.0	1.21	0.75	19.46

(700) Price Offerings including Voice Rate Data
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<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NE	CHDRNENWDS0		MS	13.3	0.0	0.92	0.75	14.97
NE	CKSNNEUWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	CKSNNEUWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	CNCYNENWRS1		FR	17.5	0.0	1.21	0.75	19.46
NE	CNCYNENWRS1		MS	13.3	0.0	0.92	0.75	14.97
NE	CRFRNENWRS1		FR	17.5	0.0	1.21	1.0	19.71
NE	CRFRNENWRS1		MS	13.3	0.0	0.92	1.0	15.22
NE	ELKHENENWDS0		FR	17.5	0.0	1.21	1.3	20.01
NE	ELKHENENWDS0		MS	13.3	0.0	0.92	1.3	15.52
NE	ELWDNENWRS1		FR	17.5	0.0	1.21	0.5	19.21
NE	ELWDNENWRS1		MS	13.3	0.0	0.92	0.5	14.72
NE	EMCKNENWRS1		FR	17.5	0.0	1.21	1.5	20.21
NE	EMCKNENWRS1		MS	13.3	0.0	0.92	1.5	15.72
NE	EMSNNENWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	EMSNNENWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	FRMTNENWDS0		FR	17.5	0.0	1.21	2.3	21.01
NE	FRMTNENWDS0		MS	13.3	0.0	0.92	2.3	16.52
NE	FRWLNENWRS1		FR	17.5	0.0	1.21	1.0	19.71
NE	FRWLNENWRS1		MS	13.3	0.0	0.92	1.0	15.22
NE	FUTNNENWRS1		FR	17.5	0.0	1.21	0.5	19.21
NE	FUTNNENWRS1		MS	13.3	0.0	0.92	0.5	14.72

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379004
<015>	Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gwen Sullivan
<035>	Contact Telephone Number - Number of person identified in data line <030>	4023977770 ext.203
<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NE	GDISNENWDS0		FR	17.5	0.0	1.21	0.5	19.21
NE	GDISNENWDS0		MS	13.3	0.0	0.92	0.5	14.72
NE	GRETNENWRS1		FR	17.5	0.0	1.21	1.3	20.01
NE	GRETNENWRS1		MS	13.3	0.0	0.92	1.3	15.52
NE	GTBGNENWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	GTBGNENWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	HLDGNENWRS1		FR	17.5	0.0	1.21	1.2	19.91
NE	HLDGNENWRS1		MS	13.3	0.0	0.92	1.2	15.42
NE	HMPHNENWRS2		FR	17.5	0.0	1.21	0.75	19.46
NE	HMPHNENWRS2		MS	13.3	0.0	0.92	0.75	14.97
NE	HOMRNENWRS1		FR	17.5	0.0	1.21	0.75	19.46
NE	HOMRNENWRS1		MS	13.3	0.0	0.92	0.75	14.97
NE	HRSNNENWRS1		FR	17.5	0.0	1.21	0.75	19.46
NE	HRSNNENWRS1		MS	13.3	0.0	0.92	0.75	14.97
NE	HWLSNENWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	HWLSNENWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	LARLNENWRS2		FR	17.5	0.0	1.21	0.0	18.71
NE	LARLNENWRS2		MS	13.3	0.0	0.92	0.0	14.22
NE	LNCLNEXADS1		FR	17.5	0.0	1.21	0.0	18.71
NE	LNCLNEXADS1		MS	13.95	0.0	0.96	0.0	14.91
NE	LNCLNEXBDS0		FR	17.5	0.0	1.21	0.0	18.71

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379004
<015>	Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gwen Sullivan
<035>	Contact Telephone Number - Number of person identified in data line <030>	4023977770 ext.203
<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NE	LNCLNEXBDS0		MS	13.95	0.0	0.96	0.0	14.91
NE	LNCLNEXDDS0		FR	17.5	0.0	1.21	0.0	18.71
NE	LNCLNEXDDS0		MS	13.95	0.0	0.96	0.0	14.91
NE	LNCLNEXLDS0		FR	17.5	0.0	1.21	0.0	18.71
NE	LNCLNEXLDS0		MS	13.95	0.0	0.96	0.0	14.91
NE	LNCLNEXLDS1		FR	17.5	0.0	1.21	0.0	18.71
NE	LNCLNEXLDS1		MS	13.95	0.0	0.96	0.0	14.91
NE	LNCLNEXSRS0		FR	17.5	0.0	1.21	0.0	18.71
NE	LNCLNEXSRS0		MS	13.95	0.0	0.96	0.0	14.91
NE	LPCYNENWRS1		FR	17.5	0.0	1.21	0.5	19.21
NE	LPCYNENWRS1		MS	13.3	0.0	0.92	0.5	14.72
NE	LXTNNENWRS1		FR	17.5	0.0	1.21	0.75	19.46
NE	LXTNNENWRS1		MS	13.3	0.0	0.92	0.75	14.97
NE	LYNSNENWRS1		FR	17.5	0.0	1.21	1.0	19.71
NE	LYNSNENWRS1		MS	13.3	0.0	0.92	1.0	15.22
NE	MCCKNENWDS0		FR	17.5	0.0	1.21	0.5	19.21
NE	MCCKNENWDS0		MS	13.3	0.0	0.92	0.5	14.72
NE	MINDNENWRS1		FR	17.5	0.0	1.21	1.0	19.71
NE	MINDNENWRS1		MS	13.3	0.0	0.92	1.0	15.22
NE	NPLTNENWDS0		FR	17.5	0.0	1.21	0.0	18.71
NE	NPLTNENWDS0		MS	13.3	0.0	0.92	0.0	14.22

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379004
<015>	Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gwen Sullivan
<035>	Contact Telephone Number - Number of person identified in data line <030>	4023977770 ext.203
<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NE	NRFLNENWDS0		FR	17.5	0.0	1.21	0.75	19.46
NE	NRFLNENWDS0		MS	13.3	0.0	0.92	0.75	14.97
NE	OGLLNENWRS1		FR	17.5	0.0	1.21	0.5	19.21
NE	OGLLNENWRS1		MS	13.3	0.0	0.92	0.5	14.72
NE	OKLDNEUWRS1		FR	17.5	0.0	1.21	1.0	19.71
NE	OKLDNEUWRS1		MS	13.3	0.0	0.92	1.0	15.22
NE	OMAHNE78DS0		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNE78DS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNE84DS0		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNE84DS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNE90DS0		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNE90DS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNEBEDS0		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNEBEDS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNECEDS0		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNECEDS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNEFODS0		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNEFODS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNEFWDS0		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNEFWDS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNEHADS0		FR	17.5	0.0	1.21	1.3	20.01

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379004
<015>	Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gwen Sullivan
<035>	Contact Telephone Number - Number of person identified in data line <030>	4023977770 ext.203
<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NE	OMAHNEHADS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNEIZDS0		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNEIZDS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNENWDS1		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNENWDS1		MS	13.3	0.0	0.92	1.3	15.52
NE	OMAHNEOSDS0		FR	17.5	0.0	1.21	1.3	20.01
NE	OMAHNEOSDS0		MS	13.3	0.0	0.92	1.3	15.52
NE	ONELNENWDS0		FR	17.5	0.0	1.21	1.3	20.01
NE	ONELNENWDS0		MS	13.3	0.0	0.92	1.3	15.52
NE	OXFRNENWRS1		FR	17.5	0.0	1.21	0.5	19.21
NE	OXFRNENWRS1		MS	13.3	0.0	0.92	0.5	14.72
NE	PLGRNENWRS4		FR	17.5	0.0	1.21	0.0	18.71
NE	PLGRNENWRS4		MS	13.3	0.0	0.92	0.0	14.22
NE	PNDRNEUWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	PNDRNEUWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	RNDHNENWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	RNDHNENWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	SCHLNENWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	SCHLNENWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	SDNYNENWDS0		FR	17.5	0.0	1.21	0.0	18.71
NE	SDNYNENWDS0		MS	13.3	0.0	0.92	0.0	14.22

(700) Price Offerings including Voice Rate Data
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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<015>	Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gwen Sullivan
<035>	Contact Telephone Number - Number of person identified in data line <030>	4023977770 ext.203
<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NE	SLCKNENWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	SLCKNENWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	SPFDNENWRS2		FR	17.5	0.0	1.21	1.3	20.01
NE	SPFDNENWRS2		MS	13.3	0.0	0.92	1.3	15.52
NE	SSCYNENWDS0		FR	17.5	0.0	1.21	1.5	20.21
NE	SSCYNENWDS0		MS	13.3	0.0	0.92	1.5	15.72
NE	STLBNENWRS1		FR	17.5	0.0	1.21	1.5	20.21
NE	STLBNENWRS1		MS	13.3	0.0	0.92	1.5	15.72
NE	STPLNENWRS1		FR	17.5	0.0	1.21	1.5	20.21
NE	STPLNENWRS1		MS	13.3	0.0	0.92	1.5	15.72
NE	TKMHNENWRS1		FR	17.5	0.0	1.21	1.0	19.71
NE	TKMHNENWRS1		MS	13.3	0.0	0.92	1.0	15.22
NE	VLLYNENWRS3		FR	17.5	0.0	1.21	1.3	20.01
NE	VLLYNENWRS3		MS	13.3	0.0	0.92	1.3	15.52
NE	VLNTNENWDS0		FR	17.5	0.0	1.21	0.5	19.21
NE	VLNTNENWDS0		MS	13.3	0.0	0.92	0.5	14.72
NE	WAYNNEUWRS1		FR	17.5	0.0	1.21	0.0	18.71
NE	WAYNNEUWRS1		MS	13.3	0.0	0.92	0.0	14.22
NE	WDRVNENWRS1		FR	17.5	0.0	1.21	1.5	20.21
NE	WDRVNENWRS1		MS	13.3	0.0	0.92	1.5	15.72
NE	WKFDNENWRS2		FR	17.5	0.0	1.21	0.0	18.71

**(700) Price Offerings including Voice Rate Data
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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	379004
<015>	Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gwen Sullivan
<035>	Contact Telephone Number - Number of person identified in data line <030>	4023977770 ext.203
<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttservices.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	379004
<015>	Study Area Name	NEBRASKA TECH. & TELECOMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gwen Sullivan
<035>	Contact Telephone Number - Number of person identified in data line <030>	4023977770 ext.203
<039>	Contact Email Address - Email Address of person identified in data line <030>	gsullivan@nttsservices.com

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